## **CLAIMS ONLY**

Application Number

Filing Date

Applicant(s)

	·	<del></del>	<del></del>	<del> </del>		
CLAIMS	ASI	FILED		RFIRST		SECOND
	47610	7		DMENT		DMENT
1	Indep /	Depend	Indep	Depend	Indep	Depend
2		1				
3						
4						
- 5						
6						
7						
8						
9						
10						
11		1				_ ·
12		<del></del>				
13 14						
15						
16						
17					<del></del>	
18		•				
19						
20						
21						
22					4	
23						
24						
25						
26						
27			· ·		•	
28						
29 30						
31		-		·		
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						1
42						
43						
44						
45						
46						
47						
48						
49	·					
50						
Total	2	1 1				1 1
Indep						
Total Depend	12	_	•		•	
Total						
Claims	14			i	i	